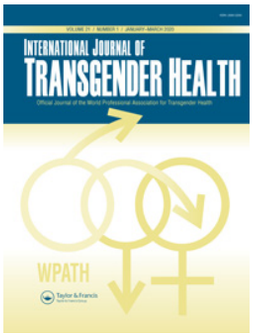

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Statement in response to calls for banning evidence-based supportive health interventions for transgender and gender diverse youth

Scott Leibowitz[a], Jamison Green[b], Ren Massey[c], Alison Mohr Boleware[d], Diane Ehrensaft[e], Will Francis[d], Colt Keo-Meier[f,g,h], Aydin Olson-Kennedy[i], Seth Pardo[j], G. Nic Rider[k], Emmett Schelling[l], Andrea Segovia[l], Vin Tangpricha[m], Erica Anderson[e,n] and Guy T'Sjoen[o] on behalf of the WPATH, USPATH, and EPATH Executive Committee and Board of Directors

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Diversity in gender expression and variations in gender identity represent normative developmental processes for children and adolescents and are not inherently pathological aspects of the human experience. They are also not uniformly indicative of a future gender transition. These facts are substantiated by many reputable professional associations representing thousands of pediatric providers. Clinical guidelines for youth experiencing an incongruence between their gender identity and sex assigned at birth have been published, are widely used internationally, and are based on the current evidence. These guidelines support the use of medical interventions for appropriately assessed minors (Coleman et al., 2012; Telfer et al., 2018; Transgender Education Network of Texas, 2019). The following organizations have pediatric clinical guidelines and/or policy statements on these issues: American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American Psychological Association, and the Endocrine Society. In response to recent critiques of supportive health interventions for transgender and gender diverse youth, the boards of directors of both the World Professional Association for Transgender Health (WPATH), its US chapter (USPATH), and its European chapter (EPATH) have authorized the following statement.

The process of pursuing a gender transition is highly individualized based on the youth's situation, family concerns, and various other factors. Thus, there is no "one-size-fits-all" clinical intervention. However, in general, mental health and medical professionals conduct evaluations of each youth/family to ensure that interventions used to promote emotional and psychological wellness in these youth are appropriate and meet the young person's specific mental health and medical needs. As a result, professionals with experience and training to understand adolescent development and family dynamics are poised to understand the underlying factors behind a specific clinical presentation. Professionals who are experienced in working with youth and families can distinguish parents who may be cautious and concerned from parents who might be pushing for medical changes when their child is not ready for them.

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The best interests of the child are always paramount for any responsible licensed provider.

Some critics have claimed high rates of regret regarding irreversible treatments or procedures such as reconstructive surgeries, implying that children are forced to undergo treatments they may regret. There are no studies to support these claims. However, recent studies show only a very small percentage of people who undergo gender transition as adults (when irreversible procedures may be administered) regret doing so: less than 2.2%, which is a small number compared with rates of regret reported for much more common procedures (Dhejne et al., 2014; Wiepjes et al., 2018). Most people who have regrets do so because of a lack of support or acceptance from their family, social groups, work, or other organizations. Conversely, the benefits that these medically necessary interventions have for the overwhelming majority of youth whose identities are incongruent with their sex assigned at birth are well-documented. Providers who collaboratively assess youths' understanding of themselves, their gender identity, and their ability to make informed decisions regarding medical/surgical interventions (which are not offered prior to puberty, and never without the youth's assent) play a very important role in minimizing future regret.

Some critics have called "gender care" "child abuse"; providing care for a transgender and gender diverse child or adolescent is a serious undertaking which respects the best interests of each individual child and adolescent. Withdrawing care for all transgender and gender diverse youth or adults or threatening to criminalize conscientious healthcare providers who work with transgender patients or clients using evidence-based care is a clear abuse of administrative and legislative power. Legislation that opposes needed treatment is of grave concern as it sustains harmful misconceptions about transgender youth and adults, as well as gender transition processes in general, and also devalues medical protocols, thus driving more people to seek services from providers who are willing to ignore the validated protocols that encourage responsible care.

For more information about clinical support for gender-affirming care, see the following links:

From the American Academy of Child and Adolescent Psychiatry:

https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx

https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx

https://www.aacap.org/AACAP/Policy_Statements/2009/Sexual_Orientation_Gender_Identity_and_Civil_Rights.aspx

https://www.jaacap.org/article/S0890-8567(12)00500-X/fulltext

From the Endocrine Society:

https://www.newswise.com/articles/endocrine-society-urges-policymakers-to-follow-science-on-transgender-health

And from the American Academy of Pediatrics:

https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Policy-Statement-Urges-Support-and-Care-of-Transgender-and-Gender-Diverse-Children-and-Adolescents.aspx

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Dhejne, C., Öberg, K., Arver, S., & Landén, M. (2014). An analysis of all applications for sex reassignment surgery in Sweden, 1960–2010: Prevalence, incidence, and regrets. *Archives of Sexual Behavior*, *43*(8), 1535–1545. doi:10.1007/s10508-014-0300-8

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